

**United States Department of the Interior**  
**Dual Compensation Reduction Waiver Form**  
**For Reemployed Annuitant**

The Department of the Interior received the authority to waive the salary reduction, known as dual compensation limits, required when reemploying Federal civilian annuitants (5 U.S.C. 8344 and 8468 and 5 CFR part 553), through December 31, 2004. This authority only extends to temporary, mission critical employment in positions that directly fight fires or immediately support fire fighting operations for no longer than the emergency exists. Management, at their discretion, may submit requests for approval of a dual compensation waiver to the OF&A Director. This authority is limited to the conditions outlined in the memorandum from the Director, Office of Personnel Policy, Delegated Authority to Waive Dual Compensation Reduction in Support of Wildland Firefighting Operations dated March 30, 2001, and the Office of Personnel Management (OPM) memorandum, Delegation of Authority dated March 22, 2001. The Bureau will maintain this form for three years from the undersigned date to be made available in an annual report to OPM.

**Field/District/State Offices – complete form and submit to:**

Office of Fire & Aviation  
Attn: Human Resources  
3833 S. Development Ave.  
Boise, ID 83705  
Fax: 208-387-5723

Annuitant's Last Name	First Name	MI	Civil Service Retirement Number
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Position Title/Series/Grade From Which Retired	Date Retired
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Summary of fire experience being called upon for this temporary reemployment:


Summary of how proposed position(s) or proposed duties directly support the critical fire fighting operations:


Summary of all reasonable options tried to fill the position(s) with current/temporary employees/AD's, results of resource orders, and/or staffing flexibilities publicized or offered:


**Name of Annuitant:** \_\_\_\_\_

Describe situation under which this waiver is authorized, e.g., Preparedness Level 4 or 5 (Fire Emergency), training duties, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reemployment Office Name

\_\_\_\_\_  
Mailing Address/City/State/Zip code

\_\_\_\_\_  
Reemployment Duty Location

\_\_\_\_\_  
Title/Series/Grade of Reemployment Position

\_\_\_\_\_  
Servicing Human Resources  
Office Contact Name

\_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
Expected Reemployment Date

\_\_\_\_\_  
Expected Not-to-Exceed Date

Certification: This position is critical to the mission of fire containment, no other qualified individual is available to fill this position, and the annuitant has declined an offer to take the position as a reemployed annuitant without a waiver or as an AD. I further certify that this waiver is requested under the conditions cited in the Delegation of Authority letter dated March 22, 2001.

\_\_\_\_\_  
Field Manager/District Manager Name

\_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
Field Manager/District Manager Signature/Date

\_\_\_\_\_  
Email Address

The undersigned annuitant has been offered temporary reemployment in this position to support the fire fighting efforts, with the understanding that an offer to be reemployed as an annuitant without a waiver or work as an AD was first made, and that the non-acceptance of these offers are herewith acknowledged.

\_\_\_\_\_  
Annuitant's Signature/Date

\_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
Annuitant's Mailing Address

\_\_\_\_\_  
City/State/Zip Code

**Name of Annuitant:** \_\_\_\_\_

Certification: This position is critical to the mission of fire containment, no other qualified individual is available to fill this position, and the annuitant has declined an offer to take the position as a reemployed annuitant without a waiver or as an AD. I further certify that this waiver is requested under the conditions cited in the Delegation of Authority letter dated March 22, 2001.

\_\_\_\_\_  
State FMO Name

\_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
State FMO Signature/Date

\_\_\_\_\_  
Email Address

**Approval:** This position is critical to the mission of fire containment, no other qualified individual is available to fill this position, and the annuitant has declined an offer to take the position without a waiver or as an AD. I further certify that this waiver is approved under the conditions cited in the Delegation of Authority letter dated March 22, 2001.

\_\_\_\_\_  
Director, Office of Fire & Aviation

\_\_\_\_\_  
Date

**Denial:** This request for dual compensation reduction waiver is denied for the following reason.

\_\_\_\_\_  
Director, Office of Fire & Aviation

\_\_\_\_\_  
Date

If approved, a copy of the waiver will be returned to the State FMO, along with a copy to the Servicing Human Resources Office contact, to be maintained with the annuitant's Official Personnel Records. If not approved, the State FMO will be notified of the reason(s). The State FMO is responsible for notifying the Field Manager/District Manager of approval/disapproval of a request for a waiver.

Questions from Field Managers/District Managers, State Fire Management Officers, or Human Resources should be directed to Sandy Tripp at 208-387-5627 or to Jim Knox at 208-387-5514.